

SOME EXPERIENCES IN OCCUPATIONAL THERAPY

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THE treatment of patients by Occupation with its allied subject of rehabilitation of the unfit, has long occupied the minds of the medical profession, and a growing interest in its scientific application is manifesting itself.

Those usually in good health pass through an illness without concerning themselves much with the part that occupation plays in their lives. With returning health, the desire to be active usually returns automatically, but every doctor knows that there are many patients who need help and encouragement to begin using their minds and muscles again. A definite stimulus has to be applied to the organism, and the best results can only be obtained if that stimulus is the most suitable to the condition requiring treatment. "Massage and remedial exercises," though absolutely necessary, can be extraordinarily dull to a patient with a stiff knee, while a bicycle saw and an intricate jig-saw puzzle to cut will produce a quicker result. Even the simple occupations of a game of patience, some needlework or a book have a better result towards recovery if they are begun with the doctor's interest and recommendation.

It has to be remembered that Occupational Therapy can use any occupation that aids recovery—games, music, dancing, reading and acting plays, picnics, and other expeditions, even housework, cooking and social work have again and again been prescribed by the doctor and have had the desired result, when chosen well for the patient.

Some twelve years ago I spent my month's leave in seeing hospitals in America, and was most impressed by the Occupational Therapy work at Bloomingdale Hospital. The whole atmosphere of a mental hospital is completely changed wherever the boredom of its patients' lives is changed to well-ordered work and play. Never again could I settle down to see that boredom exist.

In 1929 Dorset House, Clifton, Bristol, was founded to enable treatment of cases of nervous disorder to be carried out on modern lines, especially with regard to the provision of adequate Occupational Therapy. Its first Occupational Therapist was Miss Tebbit, who had just completed her training at the Philadelphia School of Occupational Therapy, where she had gone after work at Severalls Hospital and Colney Hatch. Her training in America included orthopædic and general hospital experience at the Junior League Workshop at Milwaukee, and with her in charge it was found possible to start the Dorset House School of Occupational Therapy in 1930, at which twenty-three students have since obtained their diplomas and have gone out to work in mental and general hospitals. One of the best known is Miss Baily at the Maudsley Hospital.

For the nine years that Dorset House has been running there has been no difficulty in getting patients to fall in with a carefully arranged time table, which provides physical exercise in the form of daily Margaret Morris Movement, regular folk and ordinary dancing, walks, etc., with about two hours of craft work each day. Patients who are ready for it help with social work at nursery schools, etc., and have recreations arranged for them in the form

of theatre and cinema expeditions, picnics and plenty of games at home.

Occupation in the treatment of mental patients in England has developed largely through the encouragement of the Board of Control and through the numbers of psychiatrists who have returned to England after studying in America. It has also spread from the excellent Dutch system of occupational work in their mental hospitals. Its application to general hospitals is much further behind in England, and some account of its gradual introduction in Bristol may be of interest.

In 1931 a certain number of medical patients under the care of Dr. Newman Neild and Dr. Carey Coombs were treated in the General Hospital, Bristol. Dr. Newman Neild showed much interest in the choice of crafts chosen to help the recovery of special patients, and at his request each of them was visited daily to ensure continuity of treatment. Under the care of Professor Perry, graduated craft work for rheumatic heart cases has been continued ever since, and surgical cases are treated for any of the staff who order it.

In 1930 I had suggested to Dr. Phillips, Medical Superintendent of Southmead Hospital, that I should provide Occupational Therapy free as a demonstration of its usefulness. This is a large municipal hospital, taking many acute cases, but also treating a number of chronics. Dr. Phillips was eager to accept this offer, but it was not till 1936, when I made the offer again, that the Health Committee accepted it. From the beginning Dr. Phillips gave to it his warmest encouragement and by enlisting the interest of Professor Hey Groves, Mr. Hubert Chitty and others of the Honorary Staff, he enabled work to be started successfully. A large number of cases of

acute and chronic heart disease in the hospital are under the care of Professor Perry, who had already had experience in the results of Occupational Therapy treatment at the Bristol General Hospital and was one of the chief supporters of the experiment at Southmead Hospital.

At the end of the experimental six months a report was sent in to the Health Committee by Dr. Phillips, expressing his approval of the results obtained, and carrying the support of the surgeons and physicians of the hospital. The Health Committee decided to appoint me as Honorary Consultant in Occupational Therapy to the Hospital, and provided the cost of a half-time Occupational Therapist's salary. This year, as the result of a further report, this has been raised to provide a full-time worker.

The hospital wards are all provided with day rooms, where crafts can be carried out, and a small workshop has been reserved for ambulant cases, but a large amount of the treatment is carried out in bed.

Last December the Health Committee arranged for Occupational Therapy to be started in the wards for tuberculous chest cases at Ham Green Hospital, and provided an excellent sixty-foot hut for workrooms. Funds were provided for a half-time worker, with a further appointment of myself as Honorary Consultant. After six months' work, about seventy patients are under daily treatment, and a thoroughly happy atmosphere of lively interest and steady work has been attained that does much to help recovery.

In the meantime Bath Orthopædic Hospital had made excellent progress in Occupational Therapy, under the instigation of Miss Forrester-Brown, who had studied its effect in

America. Here also work was begun on a voluntary basis, but its value was soon recognised by the hospital authorities, and a paid worker, trained at Dorset House, was engaged, and her work extended to Beckford House, Warminster, to which chronic cases from the Bath Hospital are transferred.

In Scotland, under the care of Colonel Cunningham, and chiefly with the aid of Canadian Occupational Therapists, a far more extensive work has been carried out at the Astley Ainslie Institute. In 1937 the number of patients treated by Occupational Therapy was 920. One of his staff was trained at Dorset House.

Experience in Occupational Therapy has led to the adoption of very definite principles on which its use is based.

Firstly, it cannot be too definitely impressed on all concerned that it is a form of medical or surgical treatment and must be ordered by the medical practitioner in charge of the case and his instructions definitely obtained. No doctor expects a dispenser or a nurse to give a patient "some medicine" and then leave them to decide what it shall be, yet I have seen many Occupational Therapy prescriptions given as vaguely as this.

Secondly, the prescription must be made both with regard to the patient and to his disability.

Thirdly, the treatment can be carried out properly only by a professional Occupational Therapist, who has the necessary knowledge of anatomy, physiology, psychology and wide experience of crafts and other occupations. This can only be obtained by specific training.

If the case is one of mental illness, it is necessary to state the diagnosis, and what particular attitude in the patient requires help—such as the amount of concentration to be

expected—a sense of self-esteem to be stimulated—or a social habit encouraged. An excited, voluble patient will be helped by some interesting but rather monotonous craft, such as plain weaving in soothing colours, or by manipulating a ball of clay on the potter's wheel—either craft will remove her from other patients who would provide her with an audience. The seclusive patient needs to be encouraged to work with others, and a group of people shelling peas or other such co-operative work is a suitable mild stimulant to social life. A paranoiac patient usually needs work sufficiently elaborate to absorb her entire concentration, such as a complicated weaving pattern or an involved design in leather work.

In surgical cases, specialised instructions by the doctor are equally necessary. The worker should know what particular joint movements are required, and she can then from her crafts choose the one that will give the results needed.

Again, in heart cases, especially those of rheumatic heart disease, instructions from the doctor are the only basis on which work can be undertaken.

In the case of children, this begins early, at the stage where complete rest is needed. While the child is ill enough not to want to move, no occupation is ordered; but long before it should move at all the child begins to want to do so, and at this stage occupational treatment can help. To employ the mind and fingers overcomes restlessness. Crayon colouring of simple small pictures is often the best beginning for a child, followed by coarse canvas or other stitching. The stitches must be long, but the work small in size and, above all, each strand of cotton or silk used for sewing must

be short to ensure that the fingers and hands only are used. If given a long strand of cotton a child will draw it through by raising the arm, and this must be avoided in the early stage, but is one of the best methods of graduating exercise as the child improves. While still in bed more movement can be given to the arms by means of a craft that needs more strength in finger work, such as work with fine cane. Thicker cane can be substituted as more energy is allowed to be spent, and from this point crafts can be chosen that involve an occasional dive into a locker or a stretch of arm over a weaving frame.

In chorea, treatment is naturally different. All effort is here directed to gradual encouragement of rhythmic movement and a craft is chosen accordingly.

In phthisical cases crafts must be chosen that interest the patient in the resting stage, while providing minimum movement of the shoulder girdle, and here again the Occupational Therapist must be conversant with all the details of graduated movement that will be required.

Fourthly, a very important principle is that the patient's attention must be directed to the occupation and away from his disability.

An example that specially illustrates this is one of hysterical paraplegia. The patient believes she cannot walk. Suggestion to her that she should move her legs provokes opposition—but teach her to weave, first on a hand loom and then transfer her to a foot loom. Interest in the pattern that is appearing under her hands holds her concentration and she co-ordinates all the necessary movements of her legs without realising she is doing so. A clumsy movement of her foot would spoil the

pattern, and this she could not bear to happen.

Although well-trained Occupational Therapists are now at work in mental and general hospitals, this by no means exhausts the opportunities where they might be doing equally good work to aid recovery. Rehabilitation centres and fracture clinics need those who are trained to guide the injured over the first stage of recovery. Massage cannot have the same good effect, for the patient needs to make the effort himself. It can even delay recovery where its suggestion is accepted that further treatment is needed.

There is also a wide opening for the use of Occupational Therapy for private and other patients in their homes. It can be prescribed and provided by the hour, as in the case of massage, with excellent results, both to the individual disability and to the general morale of the patient.

An Association of Occupational Therapists has been founded and is now running its own examinations, greatly to the advantage of the profession. There is no doubt that it has a great future before it.

Summary.—Occupational Therapy as a valuable form of treatment has been largely adopted in mental hospitals, and its use in cases of other forms of surgical and medical illness is being recognised.

Notes on its use at Dorset House, the General Hospital, Southmead, and Ham Green Hospitals, Bristol, and Bath Orthopædic Hospital, are given, and general principles as to its application are noted.

Well-trained Occupational Therapists are now available for hospital posts, and it can be prescribed by general practitioners for treatment of private cases of illness or injury in their homes.